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10/796,865	03/09/2004	Arnold Monitzer	2004P01832 US01	2680

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EXAMINER
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WOODS, TERESA S

ART UNIT	PAPER NUMBER
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4114

MAIL DATE	DELIVERY MODE
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04/01/2009

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b> 10/796,865	<b>Applicant(s)</b> MONITZER ET AL.	
	<b>Examiner</b> TERESA WOODS	<b>Art Unit</b> 4114	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

### Status

- 1) ☐ Responsive to communication(s) filed on \_\_\_\_.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

### Disposition of Claims

- 4) ☒ Claim(s) 1-24 is/are pending in the application.
- 4a) Of the above claim(s) none is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-24 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_ are subject to restriction and/or election requirement.

### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 08/04/04 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

### Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some \* c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

### Attachment(s)

- |  |   |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)            | 4) <input type="checkbox"/> Interview Summary (PTO-413)           |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)   | Paper No(s)/Mail Date. ____.                                      |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date <u>3/9/04</u> .  | 6) <input type="checkbox"/> Other: ____.                          |

## **DETAILED ACTION**

### ***Status of Claims***

1. This action is in reply to the application filed on 03/09/2004.
2. Claims 1-24 are currently pending and have been examined.

### ***Information Disclosure Statement***

3. The Information Disclosure Statement filed 1/9/2004 has been considered.  
Initialed copies of the Form 1449 are enclosed herewith.

### ***Claim Rejections - 35 USC § 101***

4. 35 U.S.C. 101 reads as follows:  
  
Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.
5. Claims 1-24 are rejected under 35 U.S.C. 101 because there is no usable software, graphical user interface (GUI) or word processor tied to the system along with a physical transformation needed to produced. More than networking components are needed to encompass a system, in its entirety.

***Claim Rejections - 35 USC § 102***

6. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

7. Claims 22, 23 and 24 are rejected under 35 U.S.C. 102(b) as being anticipated by Joao (US 2002/0032583).

8. **Claim 22:**

Joao, as shown, discloses the following limitations:

- receiving patient identification information (see at least column 45, lines 54-65);
- to access said prescription (see at least column 61, lines 36-41)

Requesting medication is a way of filling a prescription.

- associating a patient identifier derived using said patient identification information, with prescription information identifying a medication for said patient; and accessing said database to retrieve said prescription information; and (see at least Fig. 2, column 20, lines 25-33, column 45, lines 54-65, column 61, lines 36-41)

Joao's figure 2 shows a patient's pre-populated health problem that has been recorded and now displayed. Also, one of the above citations gives emphasis to

identification information. Joao discloses the limitations as shown in the rejections above. Joao does not disclose the following limitation, but Mayaud discloses:

- initiating generation of data representing an image including said prescription information, in response to said received patient identification information and a request by said patient to access said prescription (see at least Fig. 3, column 10, lines 20-25, .

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Mayaud's patient accessed prescription processor screen with Joao's means for identifying a patient, medication information and prescription information, because it would reduce the time needed for a patient to receive treatment and medication when using a system with patient access. This would help to improve the quality of healthcare services.

**9. Claim 23:**

Joao, as shown, discloses the following limitations:

- receiving patient identification information (see at least column 45, lines 54-65);
- associating a patient identifier, derived using said patient identification information, with a scheduled appointment to obtain healthcare services; and (see at least column 9, lines 63-67, column 45, lines 54-65)

- accessing said database to determine said patient is scheduled for said appointment and for validating patient eligibility for said healthcare services under a healthcare plan and (see at least Fig. 11A, column 6, lines 39-41, column 34, lines 51-54, column 37, lines 3-9).
- initiating generation of a message to a healthcare worker indicating said patient is admitted for said scheduled appointment, in response to said received patient identification information (see at least ).

10. **Claim 24:**

Joao, as shown, discloses the following limitations:

- receiving patient identification information (see at least column 45, lines 54-65);
- associating a patient identifier, derived using said patient identification information, with a scheduled appointment to obtain healthcare services and with prescription information identifying a medication for said patient (see at least column 9, lines 63-67, column 45, lines 54-65);
- accessing said at least one database to determine said patient is scheduled for said appointment and initiating generation of a message to a healthcare worker indicating said patient is admitted for said scheduled appointment, in response to said received patient identification information; and (see at least

Fig. 11A, column 6, lines 39-41, column 34, lines 51-54, column 37, lines 3-9, column 58, lines 35-42)

- initiating generation of data representing an image including said prescription information retrieved from said repository, in response to a request by said patient to access said prescription (see at least Fig. 3, Fig. 6-10, column 16, lines 23-29).

### ***Claim Rejections - 35 USC § 103***

11. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

12. The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

13. Claims 1-5, 8-12, 14-16, 18, 20 and 21 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao (US 2002/0032583) in view of Mayaud (US 5,845,255 A).

14. **Claim 1:**

Joao, as shown, discloses the following limitations:

- an interface processor for receiving patient identification information (see at least column 45, lines 54-65);
- a database linking a patient identifier derived using said patient identification information, with prescription information identifying a medication for said patient; and (see at least column 9, lines 63-67, column 45, lines 54-65),
- a data processor for accessing said database to retrieve said prescription information; and (see at least column 31, lines 9-13)

These citations give emphasis to granting access to authorized users and prescription information. Joao discloses the limitations as shown in the rejections above. Joao does not disclose the following limitation, but Mayaud discloses:

- a display processor for initiating generation of data representing an image including said prescription information, in response to said received patient identification information and a request by said patient to access said prescription (see at least Fig. 3, column 10, lines 20-26, column 19, lines 4-62).



Mayaud's figure 3 shows a patient generated data processor screen that shows prescription information and a name to identify a patient. In the second citation, Mayaud shows how a patient can have access to the processor and the third citation shows a prescription screen to the processor. It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Mayaud's patient accessed prescription processor screen with Joao's means for identifying a patient, medication information and prescription information, because it would reduce the time needed for a patient to receive treatment and medication when using a system with patient access. This would help to improve the quality of healthcare services.

15. **Claim 2:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses:

- said database links said patient identifier with order fulfillment data indicating completion of preparation of said prescription (see at least Fig. 16, column 4, lines 33-39, column 4, lines 50-65),
- said data processor accesses said database to retrieve said prescription order fulfillment data; and (see at least Fig. 16, column 4, lines 50-65)

- said display processor initiates generation of data representing an image including said order fulfillment data (see at least Fig. 6-12, column 37, lines 60-65).

The citation directly above describes an image display of a prescription ordering process. It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's prescription filing feature to provide a system with a practical tasks that patients can use daily. This would help to reduce the time needed to fill prescriptions and treat medical patients.

16. **Claim 3:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses *said database comprises a plurality of databases* (see at least Fig. 16, column 48, lines 39-40). All the 210 items in Mayaud's figure 16 are databases. It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's multiple databases to provide a comprehensive system with extensive access to patient medical records. This would help to reduce the time needed to diagnose and treat medical patients.

17. **Claim 4:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses:

- an acquisition processor for acquiring healthcare insurance plan information concerning at least one of, (a) medications approved under a healthcare insurance plan and (b) cost of medications approved under a healthcare insurance plan, said healthcare insurance plan being provided by a healthcare payer organization and (see at least Fig. 16, column 48, lines 17-18, column 57, lines 3-13) 210b
- said display processor initiates generation of data representing an image including said healthcare insurance plan information (Fig. 6, column 48, lines 39-40).

In the citation above, Mayaud explains a benefits provider with a drug formulary that serves as a medication approved insurance provider. Also, in Mayaud's figure 6, it is a drug selection screen with a list of formulary drugs. It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's access to healthcare insurance features to provide a comprehensive

system that saves time processing medical insurance claims and payments. This would help to improve the business process and quality of healthcare.

**18. Claim 5:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses:

- an acquisition processor for acquiring financial information comprising patient incurred costs of obtaining said prescription and (see at least column 5, lines 13-17 and lines 33-35)
- said display processor initiates generation of data representing an image including said patient incurred costs of obtaining said prescription (see at least Fig. 3, column 5, lines 13-17 and lines 33-35).

In the citation above, Mayaud mentions a screen with a drug selection feature that can further display relative drug costs. It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's accessible prescription costs to provide a comprehensive system that saves time filing patient prescriptions. This would help to improve the business process and overall quality of healthcare.

19. **Claim 8:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Joao further discloses:

- said database links said patient identifier with a scheduled appointment for said patient to obtain healthcare services; and (see at least column 36, lines 60-65)
- said data processor accesses said database to determine said patient is scheduled for said appointment and for validating patient eligibility for said healthcare services under a healthcare plan and initiating generation of a message to a healthcare worker indicating said patient is admitted for said scheduled appointment, in response to said received patient identification information (see at least Fig. 11A, column 6, lines 39-41, column 34, lines 51-54, column 37, lines 3-9).

In Joao's figure 11A, the patient's identification information is needed before scheduling an appointment. The pre-existing conditions and payer eligibility serve as validating patient eligibility in the second citation. In the last citation, a patient is identified before being allowed to schedule an appointment.

**20. Claim 9:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses *an access processor for initiating at least one of, (a) printing of said prescription information and (b) download of said prescription information, in response to a request by said patient* (Fig. 3, column 20, lines 5-12). It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's accessible prescription information to provide a comprehensive system that safeguards patients from experiencing negative medication interactions. This would help to improve the integrity and quality of healthcare.

**21. Claim 10:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses:

- an interface processor for receiving patient identification information (see at least Fig. 1, Fig. 2, column 14, lines 57-65);
- a database linking a patient identifier, derived using said patient identification information, with a scheduled appointment to obtain healthcare services; and (see at least column 36, lines 60-65)

Joao further discloses:

- a data processor for accessing said database to determine said patient is scheduled for said appointment and for validating patient eligibility for said healthcare services under a healthcare plan and initiating generation of a message to a healthcare worker indicating said patient is admitted for said scheduled appointment, in response to said received patient identification information (see at least Fig. 11A, column 6, lines 39-41, column 34, lines 51-54, column 37, lines 3-9, column 58, lines 33-42).

In the last citation above, Joao's processor generates a message that indicates that a patient is admitted in the hospital mentions a screen with a drug selection feature that can further display relative drug costs. It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's accessible appointment scheduling and patient identification features to provide a comprehensive system that allows patients to get the next available doctor's appointments. This would reduce the time needed to treat a medical patient.

**22. Claim 11:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses:

- a repository for linking said patient identifier with prescription information identifying a medication for said patient; and (see at least Fig. 3, Fig. 6-10, column 16, lines 23-37)
- a display processor for initiating generation of data representing an image including said prescription information retrieved from said repository, in response to a request by said patient to access said prescription (see at least Fig. 3, Fig. 6-10, column 16, lines 23-29).

In the Mayaud's figure 3, the prescription that is identified with a patient is shown. Also, figures 6 through 10 are the repository of prescription information as displayable processor screens. It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's storable prescription information to provide a comprehensive system that safeguards patients from experiencing negative medication interactions. This would help to improve the integrity and quality of healthcare.

**23. Claim 12:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses *wherein said database includes said repository* (see at least column 16, lines 23-29). It would have been obvious to one of ordinary skill in the



art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's data storable feature to provide a comprehensive system with extensive access to patient medical records. This would help to reduce the time needed to diagnose and treat medical patients.

24. **Claim 14:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses:

- said interface processor initiates presentation of a form to a user via an image display for capturing patient entered information, said form including pre-populated patient specific information (see at least Fig. 13, column 58, lines 55-58).

Mayaud's figure 13 shows a patient's pre-populated health problem that has been recorded and now displayed. In the above mentioned citation, describes the patient's ability to access and enter prescription information. It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's access to and patient medical records to provide a comprehensive system with extensive access to. This would help to reduce the time needed to diagnose and treat medical patients.

25. **Claim 15:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Joao further discloses *said data processor automatically initiates processing of referral information provided by a patient physician to support said scheduled visit* (see at least Fig. 11A, column 31, lines 17-19, column 36, line 60 to column 37, line 27).

26. **Claim 16:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Joao further discloses *a communication processor providing bidirectional communication via a network between said data processor and a patient record system and a scheduling system* (see at least column 37, lines 10-27).

27. **Claim 18:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses *said database and said repository comprise at least one of, (a) the same repository and (b) a plurality of different repositories* (see at least Fig. 3, Fig. 6-10, column 16, lines 23-29). It would have been obvious to one of

ordinary skill in the art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's storable prescription information to provide a comprehensive system that safeguards patients from experiencing negative medication interactions. This would help to improve the integrity and quality of healthcare.

28. **Claim 20:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Joao further discloses:

- an interface processor for receiving patient identification information (see at least column 45, lines 54-65);
- at least one database linking a patient identifier, derived using said patient identification information, with a scheduled appointment to obtain healthcare services and with prescription information identifying a medication for said patient (see at least Fig. 1-6, column 9, lines 63-67, column 17, lines 52-57 , column 36, lines 60-65);
- a data processor for accessing said at least one database to determine said patient is scheduled for said appointment and initiating generation of a message to a healthcare worker indicating said patient is admitted for said scheduled appointment, in response to said received patient identification

information; and (see at least Fig. 1-6, column 9, lines 63-67, column 17, lines 52-57 , column 36, lines 60-65)

- a display processor for initiating generation of data representing an image including said prescription information retrieved from said repository, in response to a request by said patient to access said prescription (see at least Fig. 3, Fig. 6-10, column 16, lines 23-29).

29. **Claim 21:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Mayaud further discloses:

- said at least one database links said patient identifier with order fulfillment data indicating completion of preparation of said prescription (see at least Fig. 3, column 10, lines 20-26, column 19, lines 4-62).,
- said data processor accesses said database to retrieve said prescription order fulfillment data; and (see at least Fig. 3, column 10, lines 20-26, column 19, lines 4-62).
- said display processor initiates generation of data representing an image including said order fulfillment data (see at least Fig. 3, column 10, lines 20-26, column 19, lines 4-62).

Mayaud shows how a patient can have access to the processor and the third citation shows a prescription screen to the processor. It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Joao and Mayaud's patient accessed medical system with Mayaud's prescription filing feature to provide a system with a practical tasks that patients can use daily. This would help to reduce the time needed to fill prescriptions and treat medical patients.

30. Claims 6 and 13 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao (US 7,490,048 B2) in view of Mayaud (US 5,845,255 A) further in view of Official Notice.

31. **Claim 6:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose *said patient incurred costs of obtaining said prescription are automatically pre-populated into a form supporting at least one of, (a) reimbursement for said costs and (b) tax determination*. However, the Examiner takes **Official Notice** that it is old and well-known in the medical insurance arts that the reimbursement of cost and tax determination are provided to assist healthcare payers with their accounting, medical cost and taxes needs. It would have been obvious to a person having ordinary skill in the art at the time

of invention to combine Joao and Mayaud's ability to acquire financial information with the ability to reimbursement of cost and tax determination because it would provide a more comprehensive way to maintain healthcare accounting. This would improve the quality of financial services of healthcare.

32. **Claim 13:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose *said interface processor acquires said patient identification information from a card reader device reading a patient specific electronic identification card*. However, the Examiner takes **Official Notice** that it is old and well-known in the medical insurance arts that the patient identification cards and card readers are used to retrieve patient identification information to assist healthcare providers with their medical records and proper way to treat patients. It would have been obvious to a person having ordinary skill in the art at the time of invention to combine Joao and Mayaud's patient identification, patient eligibility and appointment scheduling processor with accessible medical cards and card readers because it would continue to provide a more comprehensive way to maintain healthcare records and treatment. This would improve the quality of financial services of healthcare.

33. Claims 7, 17 and 19 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao (US 7,490,048 B2) in view of Mayaud (US 5,845,255 A) further in view of Parker (US 6,985,070 B1).

34. **Claim 7:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Parker further discloses *a biometric identification device for validating patient identification* (Parker, see at least Fig. 1, column 2, lines 22-39, column 4, lines 9-11). It would have been obvious to a person having ordinary skill in the art at the time of invention to combine Joao and Mayaud's means for identifying a patient, medication information and prescription information abilities with Parker's biometric identifying device because it would provide a more comprehensive way of properly treating patients. This would improve the safety and integrity of the medical services provided in the healthcare industry.

35. **Claim 17:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Parker further discloses *said communication processor provides said bidirectional*

*communication using HealthLevel 7 (HL7) protocol* (Eng, see at least Fig. 2, column 11, lines 62-66). It would have been obvious to a person having ordinary skill in the art at the time of invention to combine Joao and Mayaud's means for identifying a patient, medication information and prescription information abilities with Parker's communication using HealthLevel 7 because it would provide a more comprehensive way of accessing patients information. This would improve the safety and integrity of the medical services provided in the healthcare industry.

36. **Claim 19:**

Joao and Mayaud disclose the limitations as shown in the rejections above. Joao and Mayaud do not disclose the following limitations. Parker further discloses *a biometric identification device for validating patient identification* (Parker, see at least Fig. 1, column 2, lines 22-39, column 4, lines 9-11). It would have been obvious to a person having ordinary skill in the art at the time of invention to combine Joao and Mayaud's means for identifying a patient, medication information and prescription information abilities with Parker's biometric identifying device because it would provide a more comprehensive way of properly treating patients. This would improve the safety and integrity of the medical services provided in the healthcare industry.



***Conclusion***

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Any inquiry of a general nature or relating to the status of this application or concerning this communication or earlier communications from the Examiner should be directed to **Teresa Woods** whose telephone number is **571.270.5509**. The Examiner can normally be reached on Monday-Friday, 9:30am-5:00pm. If attempts to reach the examiner by telephone are unsuccessful, the Examiner's supervisor, **Jerry O'Connor** can be reached at **571.272.6787**.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://portal.uspto.gov/external/portal/pair> . Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at **866.217.9197** (toll-free).

Any response to this action should be mailed to:

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**Washington, D.C. 20231**

or faxed to **(571) 273-8300**.

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03/23/09  
Examiner, Art Unit 4114

/Gerald J. O'Connor/  
Supervisory Patent Examiner  
Group Art Unit 3686